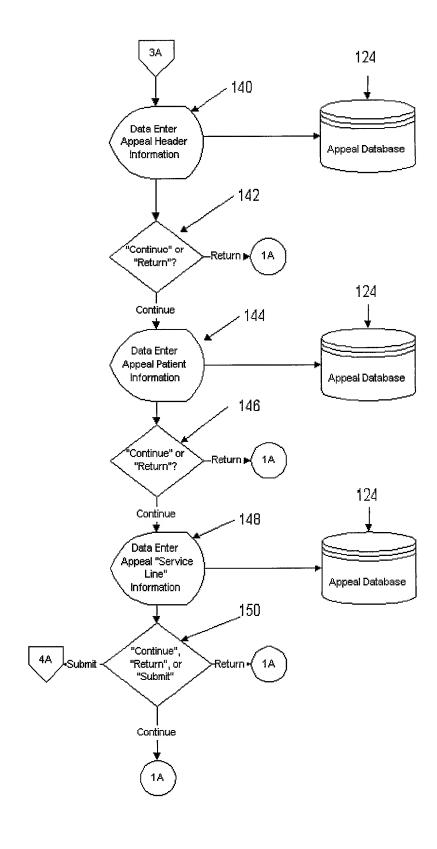
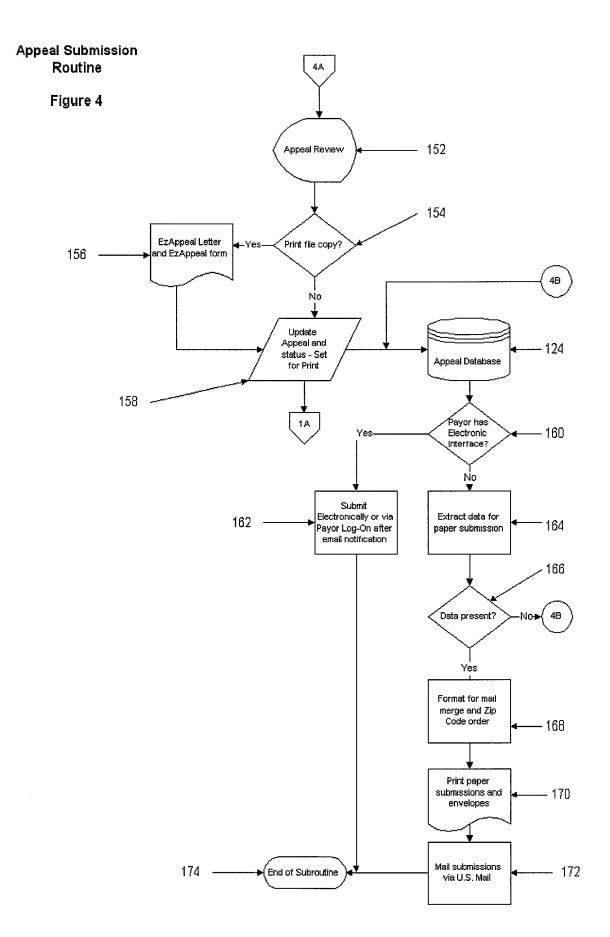


Manual Appeal Entry Routine

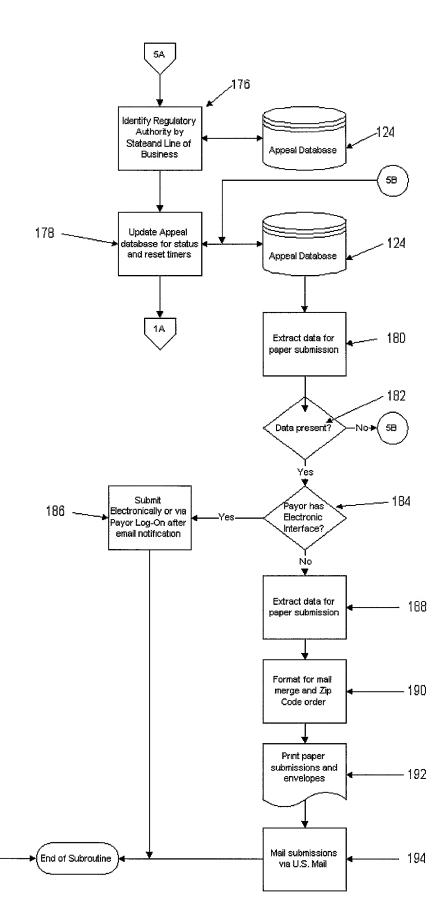
Figure 3





Escalate Appeal Routine

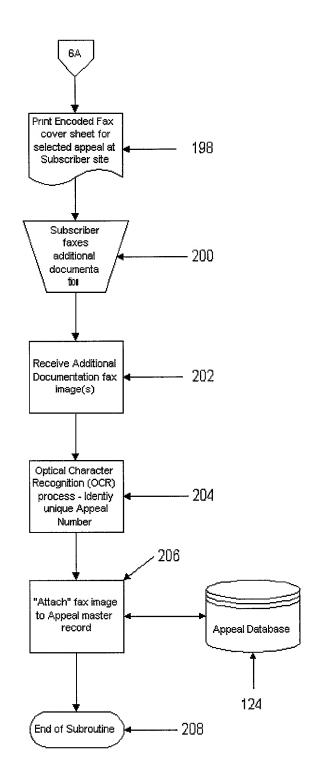
Figure 5



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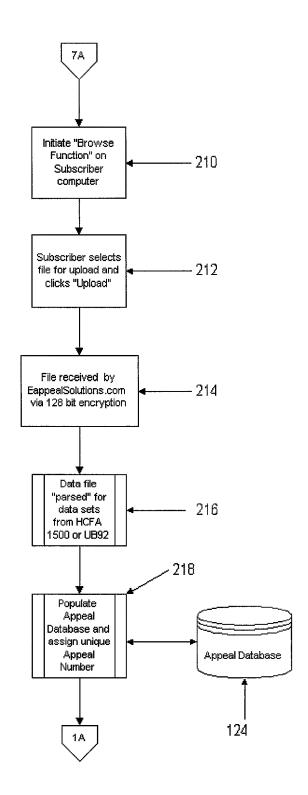
Fax Additional Documentation Routine

Figure 6



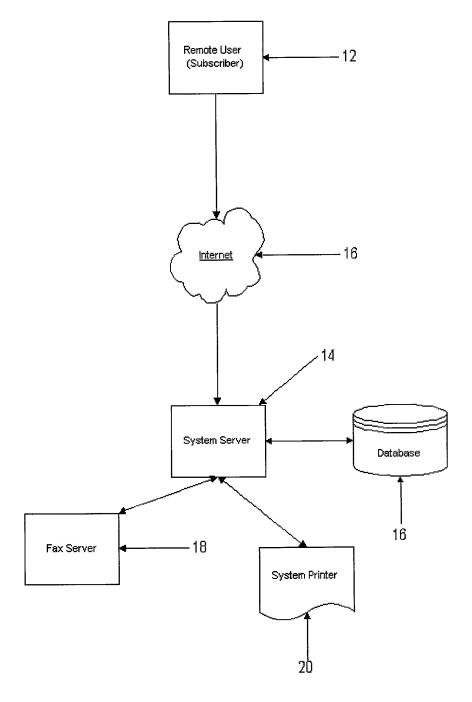
Upload Appeal(s) Routine

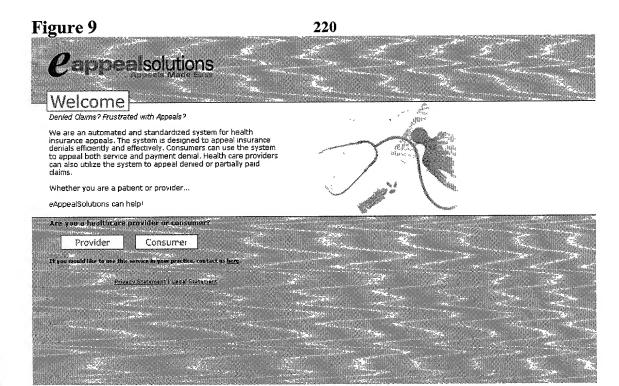
Figure 7

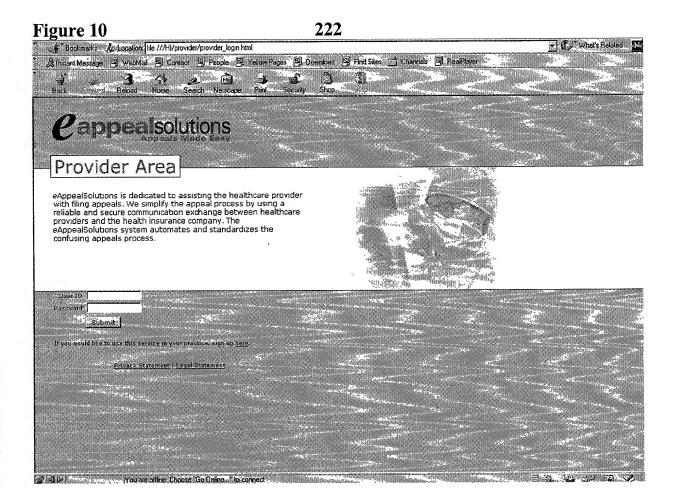


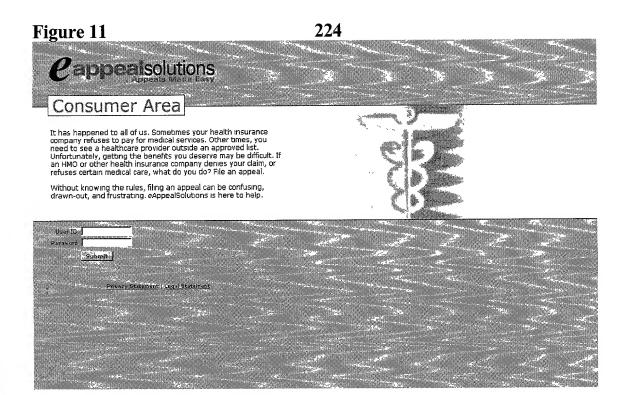
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Figure 8











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Figure 12B 228

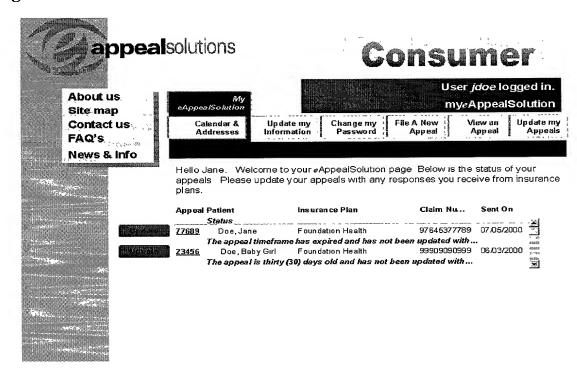
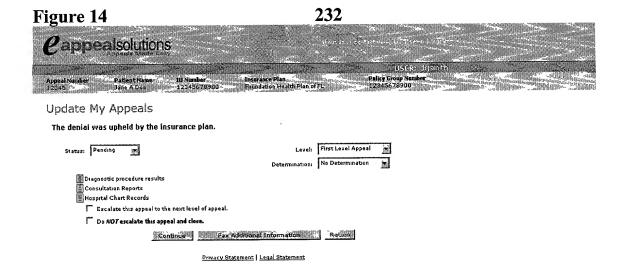


Figure 13 230



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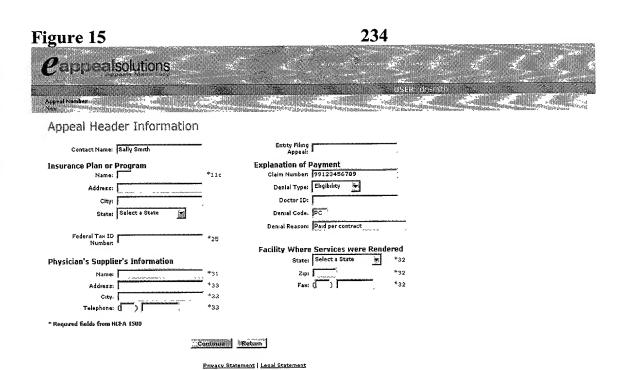
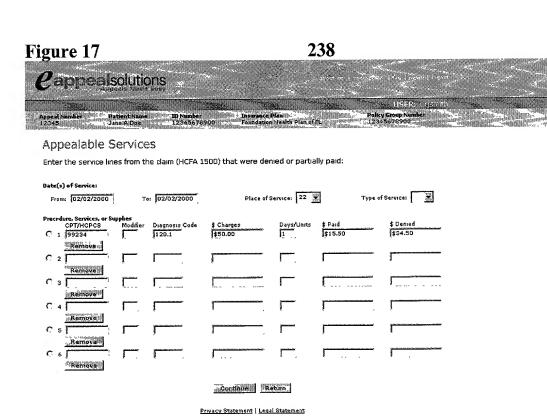
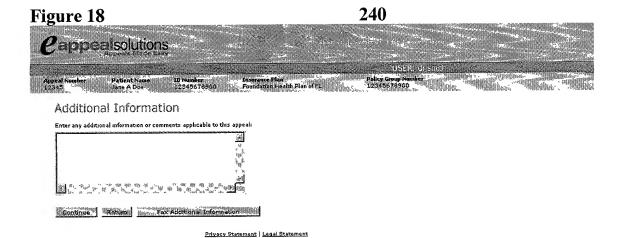
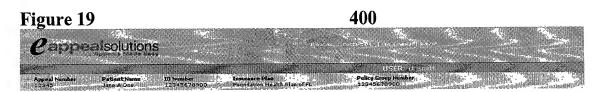


Figure 16			236		######################################	*****	79
Cappealsolutions			Estate and the second	SER dies	and the second		
Appeal Number 11.2345							
Appeal Patient Information							
Patient Information							
Line of Business: Choose Last Name: Doe Birth Date: 10/10/1930 Address: 2456 Middle Road Zip: 333313 Telephone: (305,) 234-1234 Optional		Female W Miami Florida	<u> </u>	MI: Ā			
Insured Information							
ID Number 12345678900 Last Name: Doe Address: 2456 Middle Road 21p:	First Name: City:	Miami Florida		MI: A			
on you	Insurance Plan or Program Name:	Foundation Healt	h Plan of FL	Ä			
	Continus Return						
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[Appeal Number 1234]

[Appeal Number 1234]

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